

Texas State University

Undergraduate students must be enrolled in 9 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Fall, Spring/Summer or Spring ONLY Student Health Insurance Plan coverage.

Graduate students must be enrolled in 6 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Fall, Spring/Summer or Spring ONLY Student Health Insurance Plan coverage.

Students who purchase Spring Only coverage and then elect to purchase Summer coverage separately must be enrolled in 3 or more credit hours in Summer semester to be eligible, with at least 50% on campus (in person or hybrid).

Please view the complete brochure on-line at txstate.myahpcare.com for full details of participation in the plan.



Administered by Academic HealthPlans

Aetna PPO will provide maximum benefits at lowest cost

Access to Telehealth

Monthly Installments Options available at txstate.myahpcare.com/enrollment. Installment fee applies. No credit card or ACH fees

Coverage when traveling

Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Texas State University - Domestic 2022-2023

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Aetna PPO.**

STUDENT HEALTH CENTER: The deductible will be waived and covered expenses paid at 100% based upon Aetna allowables. A \$30 copayment applies to doctor's visits. Student prescription drug benefits at the Student Health Center provide coverage for medication prescribed for the treatment of acne, allergies and Mental Health Treatment if the medication is available on the Student Health formulary.

MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	\$ 500	\$ 1,000
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 7,350	\$ 15,000

COVERAGE & COST

Fall	08/22/22 - 01/08/23
Enrollment Deadline	05/23/22 - 10/01/22 at 5:00pm CST
Student	\$ 1,733
Spring	01/09/23 - 05/21/23
Enrollment Deadline	10/17/22 - 02/01/23 at 5:00pm CST
Student	\$ 1,646
Spring/Summer	01/09/23 - 08/21/23
Enrollment Deadline	10/17/22 - 02/01/23 at 5:00pm CST
Student	\$ 2,783
Summer	05/22/23 - 07/02/23
Enrollment Deadline	03/27/22 - 06/02/23 at 5:00pm CST
Student	\$ 520
Summer II	07/03/23 - 08/21/23
Enrollment Deadline	06/13/23 - 07/07/23 at 5:00pm CST
Student	\$ 619

To view all enrollment and coverage periods available, please visit txstate.myahpcare.com.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at txstate.myahpcare.com.

BENEFITS (Deductible applies unless otherwise stated below)

IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge

Hospital Room and Board Expenses

80%	60%
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Inpatient/Outpatient Surgery

80%	60%
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Physician and specialist, including Consultants Office Visits

100% after a \$30 Copayment (deductible waived)	60%
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Diagnostic Testing

80%	60%
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Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy

80%	60%
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Hospital Emergency Room, Copayment waived if admitted

80% after a \$150 Copayment (deductible waived)	80% after a \$150 Copayment (deductible waived)
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Preventive Care Services

For more information, please visit healthcare.gov/preventive-care-benefits/

100% (deductible waived)	60%
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Prescription Drugs, including specialty drugs (deductible waived)

At Texas State University Health Center (SHC): Up to a 90-day supply (Copayment per 30-day supply)	At pharmacies contracting with Aetna	Out-of-Network
100% after a Generic Drug: \$10 Copayment Brand Drug: \$25 Copayment	100% after a Generic Drug: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name Drug: \$60 Copayment	60%